

Program: BHC Standard: HR.01.05.03 EP: 1

Evaluation Method:

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Attendance at all Educational Programs will be monitored. A minimum of one program per month will be offered. A minimum of 90% of the staff will attend the program. Numerator= Total number of ACT employees with documented evidence of attendance. Denominator = Total number of ACT employees. Results will be monitored monthly. Results will be reported to the Hospital QI committee monthly and to the Board of Trustees. Monitoring will commence upon acceptance of the plan and be done for 4 consecutive months.

Program: BHC Standard: LD.04.01.07 EP: 2

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Director of the ACT Program is ultimately responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

At the time of survey the findings of the Joint Commission were reviewed with the Medical Director of the Behavioral Health Unit and with the Senior Vice President. Findings of the Joint Commission were reviewed with the staff on March 11, 2013. As of April 15 all vacant positions were filled. With the Department fully staffed, groups can be implemented.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
Prior to the survey available positions had been posted. Active recruiting and interviewing were done.
As of April 15th all positions on the ACT team were filled. (LPN-3/25; Substance Abuse Counselor-4/15) On March 20th a Wellness Group was implemented to take place every Wednesday. Four Wellness Groups a month will be offered. The Wellness Group will address vocational planning as appropriate.
On March 21st a Substance Abuse Group, (MICA) was implemented. Eight Substance Abuse Groups will be offered monthly. A minimum of 10 groups per month will be held.

HOW: A description of how the policy or process was implemented.
The Director of the Program will monitor the program to ensure that a minimum of 10 groups per month are offered.

Program: BHC Standard: LD.04.01.07 EP: 2

Evaluation Method:

(This display is not editable)

All groups will be monitored. The numerator will represent the number of groups offered. The denominator will represent the minimum number of groups required. Results will be monitored monthly. Results will be reported to the Hospital QI committee monthly and to the Board of Trustees. Monitoring will commence upon acceptance of the plan and be done for 4 consecutive months

Program: BHC Standard: RC.01.03.01 EP: 3

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Program Director for Act will be responsible for the corrective action and overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

On March 11 a staff meeting was held to discuss the findings of the survey. The policy and procedures related to Documentation (Assessments and Reassessments including Safety Assessment, Crises Intervention, psychosocial and Patient Rights)were reviewed

WHEN: A date of when each action, policy, procedure, and/or training was completed.

On March 11 a staff meeting was held to discuss the findings of the survey. The policy and procedures related to Documentation (Assessments and Reassessments including Safety Assessment, Crises Intervention, psychosocial and Patient Rights)were reviewed

HOW: A description of how the policy or process was implemented.

The Program Director or his designee will review 30 records monthly for compliance.

Program: **BHC** Standard: **RC.01.03.01** EP: **3**

Evaluation Method:

(This display is not editable)

Based on a population of 60 ACT clients a random sample of 30 charts will be reviewed. A list of patients seen will be generated. Every third chart will be selected until 30 charts have been selected. the numerator will reflect the number of charts compliant to standard. The denominator equals the total number of charts reviewed. Monitoring will commence upon acceptance of this plan and continue for four consecutive months. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Program: HAP Standard: EC.02.06.01 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The AVP for QI will be responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Environmental Staff Supervisor met with his staff and reviewed their responsibilities for cleaning, 4/8/13. The policy on Temperature logs was reviewed with the staff 4/1/13. A new log was developed, in serviced and implemented on 4/1/13. A Cleaning schedule was developed, posted and implemented for the ice machine 4/1/13. The closets labeled "Oxygen Only", were structurally separated to include a labeled area for Full (green) and Empty (red)

WHEN: A date of when each action, policy, procedure, and/or training was completed.
Environmental Staff Supervisor met with his staff and reviewed their responsibilities for cleaning, 4/8/13. The policy on Temperature logs was reviewed with the staff 4/1/13. A new log was developed, in serviced and implemented on 4/1/13. A Cleaning schedule was developed, posted and implemented for the ice machine 4/1/13. The closets labeled "Oxygen Only", were structurally separated to include a labeled area for Full (green) and Empty (red)

HOW: A description of how the policy or process was implemented.

Monthly environmental rounds specific to these issues will be conducted by the AVP for QI or her designee. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Program: HAP Standard: EC.02.06.01 EP: 1

Evaluation Method:

(This display is not editable)

Monthly monitoring of the environment will take place this will include: review of the refrigerator temperature logs, appropriate storage of oxygen, cleanliness of equipment(vital sign equip, medication carts, lift pads, med. room etc.) and adherence to the cleaning schedule for the ice machine. The numerator will include the total number of items that met the standard. The denominator will include the total number of items reviewed.

Program: HAP Standard: HR.01.02.05 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Director of Nursing is ultimately responsible for the corrective action and for overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The Hospital's responsibility to obtain a primary source verification of staff's license prior to expiration was reviewed with staff.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

Staff review of requirement to obtain a primary source verification of staff's license prior to expiration was completed on May 1, 2013.

HOW: A description of how the policy or process was implemented.

Logs of staff's license renewal date and expiration date will be maintained and reviewed monthly. Prior to expiration date of license, primary source verification of renewal will be obtained. Staff will not be able to work without evidence of license verification.

Program: HAP Standard: LS.02.01.20 EP: 13

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The “No Exit” sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The “No Exit” sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements. • Review for the need of additional “Exit” or “No Exit” Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly. • Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Program: HAP Standard: LS.02.01.20 EP: 30

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The “No Exit” sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The “No Exit” sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements. • Review for the need of additional “Exit” or “No Exit” Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly. • Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Program: HAP Standard: LS.02.01.20 EP: 31

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.

The Safety Officer is responsible for the corrective action, implementation and compliance of the Life Safety Policies.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The "No Exit" sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

- The storage of multiple pieces of equipment stored on the second floor corridor was removed during the survey on 3/6/13. • A Life Safety Assessment has been completed for the Computers on the shelves in the corridor. An SOC PFI was created and ILSM training with the staff will be completed by 5/17/13. The computer and shelving will be removed by 5/31/13. • The "No Exit" sign was installed during the survey on 3/7/13. • The Exit signs in the OR were installed during the survey on 3/5/13. • The Exit Signs in the Central Storage area were installed on 4/10/13.

HOW: A description of how the policy or process was implemented.

- Storage of unauthorized items in egress corridors will be monitored during Environmental Rounds. Any deficiencies will be reported to the EOC Committee Quarterly and those departments will be required to go through re-education of the Life Safety requirements. • Review for the need of additional "Exit" or "No Exit" Signs will be monitored during Environmental Rounds. Any deficiencies will be reported to the Engineering Department for immediate action and status of the deficiencies to the EOC Committee Quarterly. • Status of the removal of the computers on the shelves will be made to the EOC Committee on a Quarterly basis.

Program: HAP, Standard: MS.01.01.01 EP: 1 (3)

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The medical director/chief medical officer/senior vice president of medical affairs is responsible for the overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.
The medical staff bylaws will be amended to comply with this deficient E.P. As per the bylaws, the proposed revisions must be voted on at two successive medical board/medical executive committee meetings and then approved by a quorum of the medical staff at its quarterly meeting.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
The deficiencies were presented at the 3/14/13 med exec meeting and the chair of the bylaws committee was given the necessary information to present to the entire bylaws committee for formal presentation to the medical board.

HOW: A description of how the policy or process was implemented.
The chairs of the respective clinical departments, or their designees, will monitor this E.P. and present the data in their quality care minutes. EP #16 will be amended and moved from the Rules and Regulations of the medical staff to the core text of the by-laws thus satisfying EP #3.

Program: HAP, Standard: MS.01.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The medical director, chief medical officer is ultimately responsible for compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The medical staff bylaws will be revised and amended to include the appropriate requirements pertaining to the completion and revision of a medical history and physical examination

WHEN: A date of when each action, policy, procedure, and/or training was completed.

The proposed changes were presented at the 3/14/13 and 4/11/13 medical executive committee meetings and will be presented to the entire medical staff at the 6/13/13 quarterly meeting of the medical staff.

HOW: A description of how the policy or process was implemented.

The chairs of the respective clinical departments will monitor the quality of the H and P in order to ensure compliance with this E.P. and also thus satisfying E.P. 3 and present their data to the medical QI/medical board

Program: HAP Standard: MS.06.01.03 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The medical director/chief medical officer/senior vice president of medical affairs is responsible for the overall and ongoing compliance of this deficient E.P.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.
The medical staff coordinator has been given additional training as to the necessary procedures which must be completed in order to comply with this E.P.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
The additional training and monitoring was started immediately after the completion of the recent JC survey on 3/11/13.

HOW: A description of how the policy or process was implemented.
The medical staff coordinator will complete a monthly review of the entire medical staff's licensing credentials, and if necessary, obtain primary source verification for any which are expiring. Quarterly, there will be a second audit performed to ensure compliance.

Program: HAP Standard: MS.06.01.05 EP: 1

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The president of the medical staff, who is also chair of the credential's committee, will assume ultimate responsibility for compliance of this E.P.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

The credentials committee will redesign the peer review letter which will be required at the time of initial application to join the medical staff and the six core competencies will be monitored by the department chairs as part of their OPPE process. This concept was presented to the medical executive committee at the 3/14/13 meeting.

WHEN: A date of when each action, policy, procedure, and/or training was completed.

The deficiency was presented to the medical executive committee on 3/14/13, immediately after the conclusion of the JC survey which was completed on 3/7/13.

HOW: A description of how the policy or process was implemented.

The credentials committee, along with the department chairs will be charged with monitoring the ongoing compliance of this E.P. at the initial appointment of the candidate.

Program: HAP Standard: RC.01.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The DON is ultimately responsible for the corrective action and for overall and ongoing compliance.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Hospital policy on Transfer of Patients Between Nursing Units was reviewed with staff with emphasis on the requirement for a hand off report in the form of a 'brief narrative note' written by both the sending and receiving nurse reflecting the patient's current status at time of transfer, where the patient was transferred from, where the patient was received, and how the patient was transported.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
Hospital policy review with staff was completed on May 17, 2013

HOW: A description of how the policy or process was implemented.

Nursing Supervisory staff will monitor inpatient charts weekly. Results will be reported monthly to Hospital QI and quarterly to BOT.

Program: HAP Standard: RC.01.01.01 EP: 16

Evaluation Method:

(This display is not editable)

Numerator will be the number of charts having appropriate transfer notes in place. Denominator will be the number of charts reviewed. Random selection of Thirty charts will be monitored per month. Monitor will commence with the acceptance of the plan and be done for 4 consecutive months. Results will be reported monthly to hospital QI and quarterly to the Board of Trustees.

Program: HAP Standard: RC.01.04.01 EP: 3

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Sr. Vice President for Medical Affairs is ultimately responsible for the corrective action and overall and ongoing compliance with the Hospital standard which states that medical records must be completed within 30 days of discharge.

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

A fulltime Health Information Management employee has been assigned to assist the Medical Staff with completion of their delinquent medical records. Individual letters and phone calls are being made daily to members of the Medical Staff. An announcement was made by the Sr. Vice President of Medical Affairs of the dedicated HIM resource at the Medical Board meeting

WHEN: A date of when each action, policy, procedure, and/or training was completed.

On April 16, 2013, a dedicated resource was assigned to the Health Information Management Department's Physician Incomplete Chart Unit. Daily and weekly reminders are mailed to members of the Medical Staff. Failure to complete medical records as per the criteria set forth in the medical staff by-laws will result in suspension of privileges as indicated in a letter from the Sr. VP for Medical Affairs.

HOW: A description of how the policy or process was implemented.

The Chairs of the respective departments will be given the charge of following up with their members who are delinquent in the completion of medical records

Program: HAP Standard: TS.03.01.01 EP: 16

Corrective Action Taken:

(This display is not editable)

WHO: Title of who is responsible for the corrective action and ongoing compliance. Title of who approved the action, policy, or procedure. Title of who was trained.
The Director of Nursing is ultimately responsible for the corrective action and for overall and ongoing compliance

WHAT: A description of the action taken, of the policy or process and how the element of performance was addressed.

Tissue Safety Standards were reviewed with staff with emphasis on monitoring and documenting the daily temperature 24/7 in the area where tissue requiring storage at room temperature is kept. A new thermometer with a weekly grid for 24/7 monitoring was installed on 5/9/13. Staff in-service will be completed by 5/17.

WHEN: A date of when each action, policy, procedure, and/or training was completed.
Tissue Safety Standards review with staff was completed on April 4, 2013.

HOW: A description of how the policy or process was implemented.

The Operating Room Charge Nurse will monitor the tissue storage room for temperature recording on a 24/7 basis. On Monday mornings and on the first operational day after a Holiday, the charge nurse will assess the room temperatures which occurred when the OR was closed. During normal operational days, the room temperature will be monitored daily. Results will be reported monthly to Hospital QI and quarterly to BOT.

Program: HAP Standard: TS.03.01.01 EP: 16

Evaluation Method:

(This display is not editable)

Numerator will be the number of days in the month that the temperature was monitored and in compliance. Denominator will be the number of days in the month. Monitor will commence with the acceptance of the plan and be done for 4 consecutive months. Results will be reported monthly to Hospital QI and quarterly to the Board of Trustees.

Schedule 4.14(d)
Licenses

SSMC

<u>CERTIFICATION</u>	<u>LICENSE EXPIRATION</u>
DOH – Operating Certificate	None
HHS/FDA – Certified Mammography Facility	4/15/2016
The College of American Pathologists – Accredited Laboratory	[Accreditation states reinspection should occur prior to 4/18/2012 to maintain accreditation]
DOH – Clinical Laboratory Permit	6/30/2013
American Academy of Sleep Medicine - Accreditation	None
DOH – Certificate of Registration for Radiation Installation	8/6/2013
Board of Pharmacy – Registered Pharmacy	1/31/2016
License to engage in controlled substances	3/31/2015
DEA – Controlled Substance Registration	2/29/2016

MVH

<u>CERTIFICATION</u>	<u>LICENSE EXPIRATION</u>
DOH Operating Certificate	None
OASAS Operating Certificate – Chemical Dependence	4/30/2014
OMH Operating Certificate – Outpatient Facilities Class	5/31/2013 (renewable)
OMH Operating Certificate – Hospitals for the Mentally Ill Class	5/31/2013 (renewable)
DOH – Certificate of Registration for	8/6/2013

Radiation Installation	
Council on Podiatric Medical Education – Certificate of Approval	[States Effective throughout period of approval, but there is no period indicated]
DOH – Clinical Laboratory Permit	6/30/2013
DOH – Authorization for Patient Service Center	6/30/2013
DOH – Limited Service Laboratory Registration	6/3/2014

SECC

<u>CERTIFICATION</u>	<u>LICENSE EXPIRATION</u>
DOH Operating Certificate	None

**Schedule 4.14(f)
Compliance Audits**

See Attached



Memo

To: Sound Shore Health System, FY2011 Audit Team
From: Kate Barnhart, Health Industries Advisory
Date: February 2, 2012
Subject: Sound Shore Health System Compliance Inquiry

In order to address the auditing requirements promulgated in Statement on Auditing Standards ("SAS") no. 99, PricewaterhouseCoopers performed a high level assessment of Sound Shore Health System's ("SHSH") existing compliance structure and compliance program operations.

On February 1, 2012, PwC conducted a site visit interview with Kathleen McKay, Corporate Compliance Officer ("CCO"), John Mamangakis, Senior Vice President, Operations /HIPAA Privacy and Security Officer, and Rhonda Ruiz, Assistant Vice President, Operations / ICD-10 implementation lead. The purpose of the visit was to obtain a high level understanding of the compliance program structure, key compliance activities that occurred during fiscal year 2011, and whether there are any pending compliance issues which may impact the audit.

Sound Shore Health System is a multi-campus health care system consisting of Sound Shore Medical Center of Westchester (a 252-bed, community-based teaching facility), The Mount Vernon Hospital (a 196-bed community-based teaching facility) the Schaeffer Extended Care Center and the Hopfer School of Nursing. Approximately 2,500 individuals are under the scope of the compliance program.

The CCO submitted the final report for The Mount Vernon Hospital Corporate Integrity Agreement ("CIA") in November 2010. At the conclusion of the one year follow up period, the CIA was fully discharged in November 2011.

SSHS reports a Medicaid Fraud Control Unit pharmacy pricing methodology audit was initiated during February 2011 at both Sound Shore and Mount Vernon hospitals. At time of interview, the final settlement was in process. SSHS reported that at the Mount Vernon site, for provider #00274117, total of overbilling plus interest of \$33,536.21 and for provider #03000222 total of overbilling plus interest of \$11,493.49. The Mount Vernon total for both provider numbers with damages is \$82,522.11. At Sound Shore for provider #00274126 total of overbilling plus interest is \$1,248,512.74. At time of interview, total with damages had not been formally computed. PwC Audit confirmed Medicaid repayment and reserve details have been communicated to the audit team.

SSHS reports a Medicare Secondary Payer Questionnaire ("MSPQ") site visit documentation audit occurred during 2011. SSHS received the Audit Report July 2011. Corrective action plan was implemented with no further action required on our part. Monitoring activities for MSPQ compliance continues.



Status of Prior Year Recommendations:

PwC last conducted a telephone inquiry of SSHS's compliance program on May 20, 2010 at which time a recommendation was made that routine self-monitoring and auditing activities conducted by various departments throughout the system be reported to the Compliance Committee to ensure robust communication regarding compliance concerns and the continuity of monitoring and auditing efforts, including corrective action plans. While Corporate Compliance Committee minutes for 2011 appear to show departmental representation at meetings, reporting of departmental self-monitoring activities appears to be inconsistent. PwC reiterates its recommendation that self-monitoring and auditing activities conducted at the department level be reported to the Corporate Compliance Committee and that departmental monitoring and auditing activities be coordinated with the annual Compliance work plan.

Compliance Program Activities:

Overall, SSHS appears to have maintained an active compliance program during the past year. Baseline controls appear to be in place to address the key components of an effective compliance program as defined by the Office of Inspector General¹ and compliance activities are reported periodically to the Board Finance Committee and the Boards of Trustees at Sound Shore and Mount Vernon Hospitals.

Specific indications that SSHS's compliance program is operational include, but are not limited to, the following:

- The CCO reports using the MediRegs Survey Manager on-line module for the annual Conflict of Interest statement process with 100% of management staff and 60% of Board members completing the questionnaire on-line. Remaining 40% of Board members completed hard copy statements.
- SSHS updated its Code of Conduct in January 2011. Upon the discharge of the Mount Vernon CIA in November 2010, SSHS replaced stand alone Sound Shore and Mount Vernon compliance policies and procedures with a system wide compliance program and system wide compliance policies and procedures. Compliance Program information, policies and procedures are posted on the SSHS intranet for employee access.
- SSHS reports using a vendor, Sterling Info systems, Inc. to conduct criminal background checks, drug screens, federal program and NYS Medicaid exclusion checks on new employees prior to the start of employment. Medical Staff Office conducts federal program exclusion checks during credentialing for new physicians. The CCO reports the SSHS Information Technology department created a database system of federal program and NYS Medicaid exclusion checks enabling Compliance to conduct monthly checks for existing employees, physicians, volunteers and students.

¹ OIG Supplemental Compliance Program Guidance for Hospitals; Federal Register, vol. 70, No. 19, III.A, January 31, 2005



- Purchasing conducts federal program exclusion checks for new vendors. SSHS has contracted with VeriRep to conduct ongoing vendor credentialing and will be implementing VeriRep vendor access management effective March 1, 2012.
- SSHS performed an evaluation of the effectiveness of its Compliance Program using the self-assessment tool distributed by the NYS Office of Medicaid Inspector General ("OMIG"). As a provider of services to Medicaid recipients, SSHS completes OMIG's annual Compliance Program Certification. The certification is signed by the Chief Executive Officer.
- The operational Compliance Committee met eight times during 2011. Departments participating on the Committee include; Operations, Nursing, Information Technology, Long Term Care, Finance, Revenue Cycle, Legal, Quality, Human Resources and staff Physicians.
- The CCO provided quarterly compliance program activity reports to the Board Finance Committee. Annual Board Compliance education was provided by General Counsel.
- The CCO reports receiving three calls on Compliance Hotline. Upon investigation, all three calls involved human resource issues. The CCO maintains an "Issues Reported to Compliance Log" and received nine questions/concerns during 2011.
- The CCO reports SSHS has retained a consultant to conduct a Compliance Program Effectiveness Review during the 2nd Quarter of 2012.

Monitoring and Auditing activities:

The CCO reports SSHS purchased the MediRegs suite of CompliTrack modules. Ten departments were assigned to complete the Risk Assessment Module; Schaffer Extended Care Center, Admissions, Dietary, Emergency Room General, Emergency Room Conditions of Participation, Finance, Medical Records, Pharmacy, Quality Assurance and Operating Room. As of the November 15, 2011 Compliance Committee meeting, six of the assessments had been completed: Emergency Room General, Emergency Room Conditions of Participation, Operating Room, Quality Assurance, Schaffer Extended Care Center and Dietary.

The SSHS Corporate Compliance Committee 2011 Work Plan Monitoring and Auditing section listed "Reports on Quality, Investigations, active monitoring and corrective action plans" with Committee members responsible for reporting departmental self-monitoring activities and third party audit requests. As noted above under "Status of Prior Year Recommendations," while Committee minutes for 2011 appear to show departmental representation at meetings, reporting of departmental self-monitoring activities appears to be inconsistent.

RAC activities:

The Assistant Vice President, Operations reports using the Greater New York Hospital Association RAC Tracking Tool to track SSHS's RAC requests. The Assistant Vice President reports RAC issues are shared with the Medical Management and Revenue Cycle Committees and reported to the Compliance Committee on a quarterly basis. Reviews of RAC findings are conducted by the Director of the Clinical Documentation Program and the HIM Coding Supervisor. SSHS had engaged an outside vendor to appeal RAC denials.

At time of interview, 532 requests had been received with only 6 for services at Mount Vernon. Requests initially were for DRG validation, currently requests are for medical necessity and short stays. SSHS reports RAC recoveries of \$621,290.04 with a number of cases in the appeals process.

HIPAA HITECH Activities:



SSHS maintains a HIPAA Hot Line and reports logging and investigating eight issues during 2011. SSHS reports four HIPAA incidents occurred during 2011. One incident involved improper use of Protected Health Information ("PHI") which upon investigation was determined to be a policy violation only and the individual involved received counseling and disciplinary action. A second incident involved a medical record inadvertently faxed to a wrong fax number. The recipient, a law office, notified SSHS and destroyed the medical record. The employee was counseled and disciplinary action was taken. A third incident involved a coder who violated policy by taking 23 charts home to code. The charts were returned and the coder terminated. A fourth incident involved an employee who removed a nursing supervisor's patient status notebook, copied pages containing information about a family member, slid the copies under the Nursing Administration door and then reported an alleged HIPAA breach. Security tape showed it was the employee sliding copies under the door. Human Resources and General Counsel were involved and the employee was suspended.

The HIPAA Privacy and Security Officer reports conducting weekly safety rounds that include a HIPAA component. Two checklists are used during the rounds, one for visual inspection and one for random interviews (staff, nurses, physicians, volunteers or students). HIPAA is part of new employee and annual employee mandatory training.

SSHS reports its HIPAA Task Force modified and updated Business Associates Agreements during the second half of 2011. The HIPAA Privacy and Security Officer reports Task Force meetings are scheduled in February to identify which types of vendors will be included in the March 1, 2012 VeriRep vendor credentialing and access management implementation. The CCO is a Task Force member.

With the installation of the AllScripts Electronic Medical Record ("EMR") system in October 2011, SSHS designated an Information Technology ("IT") Security Officer who reports to the Chief Information Officer. The IT Security Officer's responsibilities include issuing EMR access following a role based hierarchy of access rights. SSHS reports the HIPAA Task Force is in the process of evaluating access audit trail software for EMR system access.

ICD-10 Implementation Activities:

SSHS is in the process of selecting a vendor to conduct an ICD-10 gap analysis. The Assistant Vice President of Operations expects the gap analysis will provide guidance on ICD-10 education and training as well as implementation. SSHS is also researching ICD-10 training opportunities through the 1199 Union.

Recommendations:

In order to enhance the effectiveness of ongoing compliance efforts and to mitigate potential risk, PwC recommends the following:

Monitoring and Auditing Activities: As noted above under Status of Prior Year Recommendations, PwC reiterates its recommendation that self-monitoring and auditing activities conducted at the department level be reported to the Corporate Compliance Committee. PwC also recommends departmental monitoring and auditing activities are coordinated with the annual Compliance work plan to ensure areas identified by the Office of Inspector General's Annual Work Plan are being addressed.

HIPAA Security Risk Assessment: With the implementation of the HITECH Act, a HIPAA Security Risk Analysis (§164.308(a) (1)(ii)(A)) is required by law to be performed by every



Covered Entity and Business Associate. The Center for Medicare and Medicaid ("CMS") has contracted with KPMG to conduct 150+ hospital audits for compliance with the HIPAA privacy and security regulation. Given the government's commitment to resources and funding to conduct these audits, PwC recommends SSHS conduct a HIPAA Security Risk Analysis. PwC also recommends SSHS validates its BA's have conducted their own HIPAA Security Risk Analysis, especially critical should SSHS choose to off-shore medical records coding services and recommends SSHS put a formal plan in place to ensure completion.

ICD-10: PwC recommends the Board be provided with an educational presentation on the impact of ICD-10 and what implementation project entails and subsequently be provided with periodic implementation project status updates.

Given the rapidly changing health care environment and the impact on compliance issues, PwC recommends SSHS continue to monitor regulatory web sites and other industry sources for operational details as new statutory and regulatory requirements are enacted.

Should you have any questions about this information, please feel free to contact Kate Barnhart at (518) 424-2891.

Documents Viewed:

- Compliance Program 2011 Work Plan
- Corporate Compliance Committee Minutes, April, 2011, February 2011, January 2011, July 2011, June 2011, March 2011, May 2011, September 2011, November 2011
- HIPAA Task Force Minutes, March 23, 2011, April 21, 2011, June 17, 2011, August 29, 2011, October 6, 2011, December 15, 2011
- Compliance Report to Sound Shore Medical Center December 2011 Board Meeting
- Compliance Report to Mount Vernon Hospital December 2011 Board Meeting
- Compliance Program Policies and Procedures
 - Arrangement Review Process
 - Arrangements Tracking & Monitoring Procedures
 - Auditing & Monitoring High-Risk Areas
 - Code of Conduct
 - Compliance Hotline
 - Compliance Issue Resolution
 - Compliance Training
 - Compliance with Stark & Anti-Kickback Statutes
 - Confidentiality
 - Conflict of Interest
 - Deficit Reduction Act
 - Equal Opportunity, anti- Discrimination & Sexual Harassment
 - Fair Market Valuations
 - General Statement on Agreements with Referral Sources; Approval Process
 - Investigation
 - Non-Retaliation
 - Physician Employment
 - Professional Services Agreements
 - Red Flag / Identity Theft Prevention Program
 - Response to Government Officials Policy
 - Sanction Screening
 - Search Warrant Policy

Schedule 4.14(i)
Billings

See Schedule 4.14(a)(vi)

Schedule 4.14(j)
Audits

SOURCE OF AUDIT	AUDIT DATE	PROVIDER NAME	AUDITED PAYMENTS	COMMENTS
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	5/20/2012	SSMC	\$5,777.04	Third party payments received or in process
NGS-MEDICARE PRE-PAYMENT REVIEW OF PSY SERVICES	5/31/2012	MVH	\$7,290.00	Documentation is missing or incomplete
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	6/8/2012	SSMC	\$54,270.38	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	6/13/2012	SSMC	\$1,123.76	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	6/13/2012	SSMC	\$645.01	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	7/13/2012	MVH	\$1,414.66	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	7/16/2012	SSMC	\$14,153.36	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	7/16/2012	MVH	\$393.29	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	7/20/2012	MVH	\$9,476.25	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	7/20/2012	SSMC	\$529.94	Third party payments received or in process
OMIG / HMS DETOX GME RECOVERY	7/23/2012	SSMC	\$113,704.00	Recoupment in process from weekly Medicaid check.
OMIG -LEVEL 1 COPS	8/14/2012	SSMC	N/A	No overpayment

RECOVERIES / OMH				found
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	8/20/2012	SSMC	\$14,676.36	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	9/10/2012	SSMC	\$14,895.24	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	9/10/2012	MVH	\$9,258.39	Third party payments received or in process
OMH - CRIMINAL BACKGROUND CHECK	9/18/2012	MVH	\$0	Review completed 06/06/2012. Correction plan accepted.
OMIG - OMH LIC. OP PHYSICIAN SERVICES BILLED SEPARATELY	9/26/2012	SSMC	\$3,700.00	Physician services included in global rate
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	10/11/2012	MVH	\$2,715.89	Third party payments received or in process
OMIG - ANCILLARY SERVICES BILLED SEPARATELY FROM CLINIC VISIT	10/16/2012	SSMC	\$4,586.82	Final report issued March 7th, 2013. Recoupment pending.
OMIG - ANCILLARY SERVICES BILLED SEPARATELY FROM CLINIC VISIT	10/16/2013	SSMC	\$7,180.57	Final report issued March 7th, 2013. Recoupment pending.
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	10/30/2012	SSMC	\$219,470.95	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	10/30/2012	MVH	\$44,312.14	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	11/28/2012	MVH	\$283.56	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY	12/18/2012	SSMC	\$28,661.69	Third party payments received or in process

AUDIT				
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	12/18/2012	SSMC	\$45,698.64	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	12/18/2012	SSMC	\$1,463.50	Third party payments received or in process
OMIG NEWBORN AUDIT	2/7/2013	SSMC	\$30,811.27	Newborns billed as Medicaid FFS instead of MCD HMO Plan - final report pending.
NGS-MEDICARE PREPAYMENT REVIEW OF PSY SERVICES	2/8/2013	MVH	\$7,830.00	Documentation is missing or incomplete
NGS-MEDICARE PRE-PAYMENT REVIEW OF WOUND CARE SERVICES	2/13/2013	MVH	\$2,721.00	Documentation is missing or incomplete
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	2/27/2013	MVH	\$34,691.71	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	3/16/2013	MVH	\$6,213.35	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	3/19/2013	MVH	\$8,211.78	Third party payments received or in process
OMIG / HEALTH MANAGEMENT SYSTEM THIRD PARTY AUDIT	4/1/2013	MVH	\$13,315.24	Third party payments received or in process

**Schedule 4.14(k)
Reduction in Medicare Reimbursements**

Schedule 4.14(l)(i)
Overpayments or Refunds to Payment Programs

<u>Year</u>	<u>Sum of Original Payment</u>	<u>Outcome</u>	<u>Entity</u>
2011	\$6,538.02	Overpayment identified	MVH
2011	\$117,564.48	No issue identified	SSMC
2011	\$353,859.67	Pending	SSMC
2012	\$43,061.83	Pending	SSMC

Schedule 4.14(l)(ii)
Notice of Overpayments or Refunds

None

Schedule 4.15(a)
Employee Schedule

Schedule 4.15(b)
Reemployment Rights

Schedule 4.15(c)
Foreign National Employees

See Attached

4.15(c)
FOREIGN NATIONAL EMPLOYEES

Last Name	First Name	SSHS Entity	Position	Visa/ Work Permit	Expiration Date	Bargaining Unit	Comments
Beneddy	Ranadhir Reddy	MVH	Resident	J1	6/30/2013	N/A	
Mansha	Khadija Ahmad	MVH	Resident	H1 B	6/30/2013	N/A	
Jogu	Prasad	MVH	Resident	H1 B	6/30/2013	N/A	
Guo	Songchuan	MVH	Resident	H1 B	6/30/2013	N/A	
Nimmakayala	Kameswara Rao	MVH	Resident	H1 B	6/30/2014	N/A	
Karmam	Padmarajudu	MVH	Resident	H1 B	6/30/2014	N/A	
Vudathaneni	Vijaya Krishna	MVH	Resident	H1 B	6/30/2014	N/A	
Katamreddy	Sasikumar	MVH	Resident	H1 B	6/30/2014	N/A	
Lal	Aditya	MVH	Resident	H1 B	6/30/2015	N/A	
Veluswamy	Anuradha Shunmugam	MVH	Resident	H1 B	6/30/2015	N/A	
Banini	Bubu	SSMC	Chief Medical Resident	H1 B	3/7/2015	N/A	
DeJesus	Diana	SSMC	Chief Medical Resident	Green Card	6/30/2013	N/A	
Aggarwal	Richa	SSMC	Resident	J1	6/30/2013	N/A	
Chua	Ruthie May	SSMC	Resident	H1 B	6/30/2013	N/A	
Ferguson	Alexis C.	SSMC	Resident	H1 B	6/30/2013	N/A	
Lamson	Marie Louies	SSMC	Resident	H1 B	6/30/2013	N/A	
Morey	Rishikesh	SSMC	Resident	H1 B	6/30/2013	N/A	
Onwochei	Mitchell	SSMC	Resident	Green Card	2/3/2013	N/A	
Pandey	Sanjay	SSMC	Resident	J1	6/30/2013	N/A	
Prentji	Resmi	SSMC	Resident	J1	6/30/2013	N/A	
Sikota	Anu	SSMC	Resident	H1 B	6/30/2013	N/A	
Tesado	Grettel	SSMC	Resident	H1 B	6/30/2013	N/A	
Thind	Sharanjeet	SSMC	Resident	J1	6/30/2013	N/A	
Luna	Ronald	SSMC	Resident	J1	6/30/2014	N/A	
Naarayanan	Ashutosh	SSMC	Resident	H1 B	6/30/2015	N/A	
Chhetri	Mamta	SSMC	Resident	H1 B	6/30/2014	N/A	
Violango	Michael	SSMC	Resident	H1 B	6/30/2014	N/A	
Mehta	Shikha	SSMC	Fellow	H1 B	6/30/2013	N/A	
Seng	Leap	SSMC	RN	H1 B	3/1/2015	NYSNA	
Singh	Neha	MVH	PT	H1 B	6/14/2013	1199	resigned, last day 6/7/13
INCOMING							
Ponnambalam	Harikrishna C.	MVH	Resident	H1 B	6/30/2016	N/A	
Kakarlapudi	Harit H.	MVH	Resident	H1 B	6/30/2016	N/A	
Kanchcharla	Rama K.	MVH	Resident	H1 B	6/30/2016	N/A	
Wasti	Pranav	SSMC	Resident	H1 B	6/30/2015	N/A	
Abbari	Amulya	SSMC	Resident	H1 B	6/30/2016	N/A	
Akinboro	Oladimeji	SSMC	Resident	H1 B	6/30/2016	N/A	
Bista	Prakriti	SSMC	Resident	H1 B	6/30/2016	N/A	
Ijaya	Thaofiq	SSMC	Resident	H1 B	6/30/2016	N/A	
Calderon	Wilman Olmedo	SSMC	Resident	H1 B	6/30/2016	N/A	
Seiderschwarz	Norbert Alex	SSMC	Resident	H1 B	6/30/2016	N/A	
Shafi	Sumaira	SSMC	Resident	H1 B	6/30/2016	N/A	

Schedule 4.15(d)
Labor Disputes

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
(A) Collective bargaining disputes-arbitrations			
2013-NONE			
2012			
1330000937-12	1199 SEIU, United Healthcare Workers East and SSMC (kiosk lady)	Improperly subcontracting bargaining work in violation of cba (kiosk lady)	AAA-LABOR, New York, NY
1330002013-12	1199 SEIU, United Healthcare Workers East and SSMC (10 and 20 year rate increases)	failing to pay longevity pay increases retroactive to the date they were contractually required to be paid	AAA-LABOR, New York, NY
1330000401-12	1199 SEIU, United Healthcare Workers East and TMVH(Special Procedure Tech rate of pay)	Improper modification of the Special Procedure Tech Title in violation of cba	AAA-LABOR, New York, NY
1330000402-12	1199 SEIU, United Healthcare Workers East and TMVH(Anissa Kirkland termination)	Improper termination of employee for violating workplace violence policy	AAA-LABOR, New York, NY

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
1330002737-12	1199 SEIU, United Healthcare Workers East and TMVH (layoff provisions)	Improperly refusing to group employees for layoff purposes and refusing to allow employees to bump less-senior employees in lieu of layoff; failing to properly recall employees; and, improperly reducing Victoria Rivers' rate of pay--hearing date and arbitrators selection pending	AAA-LABOR, New York, NY
1330000618-12	1199 SEIU, United Healthcare Workers East and TMVH (improperly paying Dana Blake)	Paying improper wage rate	AAA-LABOR, New York, NY
1330001332-12	1199 SEIU, United Healthcare Workers East and SSMC	Improperly splitting full-time positions into part time positions	AAA-LABOR, New York, NY

2011

1330001997-11	1199 SEIU, United Healthcare Workers East and SSMC (splitting full time positions into part time)	Improperly eliminating the 13 hour shift of maternity techs and improperly posting for 3 part-time maternity tech positions	AAA-LABOR, New York, NY
1330000171-11	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Christopher Okang)	Improper termination of employee for taking an unauthorized leave	AAA-LABOR, New York, NY
1330001931-11	1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Dale Austin)	Improper 10 week suspension of employee for violating patient privacy rights	AAA-LABOR, New York, NY

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
1330001932-11	1199 SEIU, United Healthcare Workers East and SSMC (Suspension of John Brito)	Improper suspension of employee for abandoning his post	AAA-LABOR, New York, NY
133000258-11	1199 SEIU, United Healthcare Workers East and SSMC (Suspension of James Brown)	Improper suspension of employee	AAA-LABOR, New York, NY
133002696-11	1199 SEIU, United Healthcare Workers East and SSMC (failure to pay preceptor pay to dieticians)	failure to pay preceptor pay to dieticians	AAA-LABOR, New York, NY
133000358-11	1199 SEIU, United Healthcare Workers East and SSMC (termination of Sophia Samuels)	improper termination of employee for failing to meet nursing home patient needs	AAA-LABOR, New York, NY
133001360-11	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Luis Santiago)	Improper termination of employee for abandoning his shift	AAA-LABOR, New York, NY

2010

1330002069-10	1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Melencio Cancio)	Improper suspension for sleeping while on duty	AAA-LABOR, New York, NY
1330001663-10	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Kevin Middleton)	Improper termination for violating workplace violence policies	AAA-LABOR, New York, NY
133001485-10	1199 SEIU, United Healthcare Workers East and SSMC (Suspension of Tyson, Chestang, Smith)	Improper suspension for violating workplace violence rules	AAA-LABOR, New York, NY
1330002700-10	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Irenes Andrades)	Improper termination of employee performing second employer's work while on SSMC time	AAA-LABOR, New York, NY
13302699-10	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Teta Gaye Stitcheron)	Improper termination of employee for violating patient care rights	AAA-LABOR, New York, NY

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
13302752-10	1199 SEIU, United Healthcare Workers East and SSMC (Termination of Patrick Lawrence Smith)	Improper termination of employee for violating time validation policies	AAA-LABOR, New York, NY
13302866-10	New York State Nurses Assoc. and TMVH (Mariza Pascarelli)	Two day suspension of nurse for violating hospital policy	AAA-LABOR, New York, NY

NLRB CLAIMS			
CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
02-CA-097315 (2013)	1199 SEIU United Health Care Workers v. SSMC and TMVH	SSMC and TMVH failing to bargain re health care insurance and other benefits by dealing directly with the employees	NLRB New York, NY
02-CA-088831 (2012)	1199 SEIU United Health Care Workers v. SSMC	Failure to execute a cba	NLRB New York, NY
02-CA-067483 (2011)	1199 SEIU United Health Care Workers v. SSMC	failure to arbitrate	NLRB New York, NY

Schedule 4.15(f)
Collective Bargaining Agreements

Entity	Collective Bargaining Agreements
SSMC	1199 SEIU, United Healthcare Workers, East New York State Nurses Association Teamsters Local 445
MVH	1199 SEIU, United Healthcare Workers, East New York State Nurses Association

Schedule 4.15(g)
Claims Before NLRB or Similar Agency

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
02-CA-097315	1199 SEIU United Health Care Workers v. SSMC and TMVH	SSMC and TMVH failing to bargain re health care insurance and other benefits by dealing directly with the employees	NLRB New York, NY

Schedule 4.15(h)
Violation of Applicable Laws related to Employees

CLAIM NUMBER	CAPTION	NATURE OF THE PROCEEDING	VENUE
10158973	MacCarling Blanchard v. SSMC	Claim of discrimination	NYSDHR WESTCHESTER, NY
10158460	Djoka Nikac v. SSMC	Claim of discrimination	NYSDHR WESTCHESTER, NY

Schedule 4.15(i)
Occupational or Safety Violations

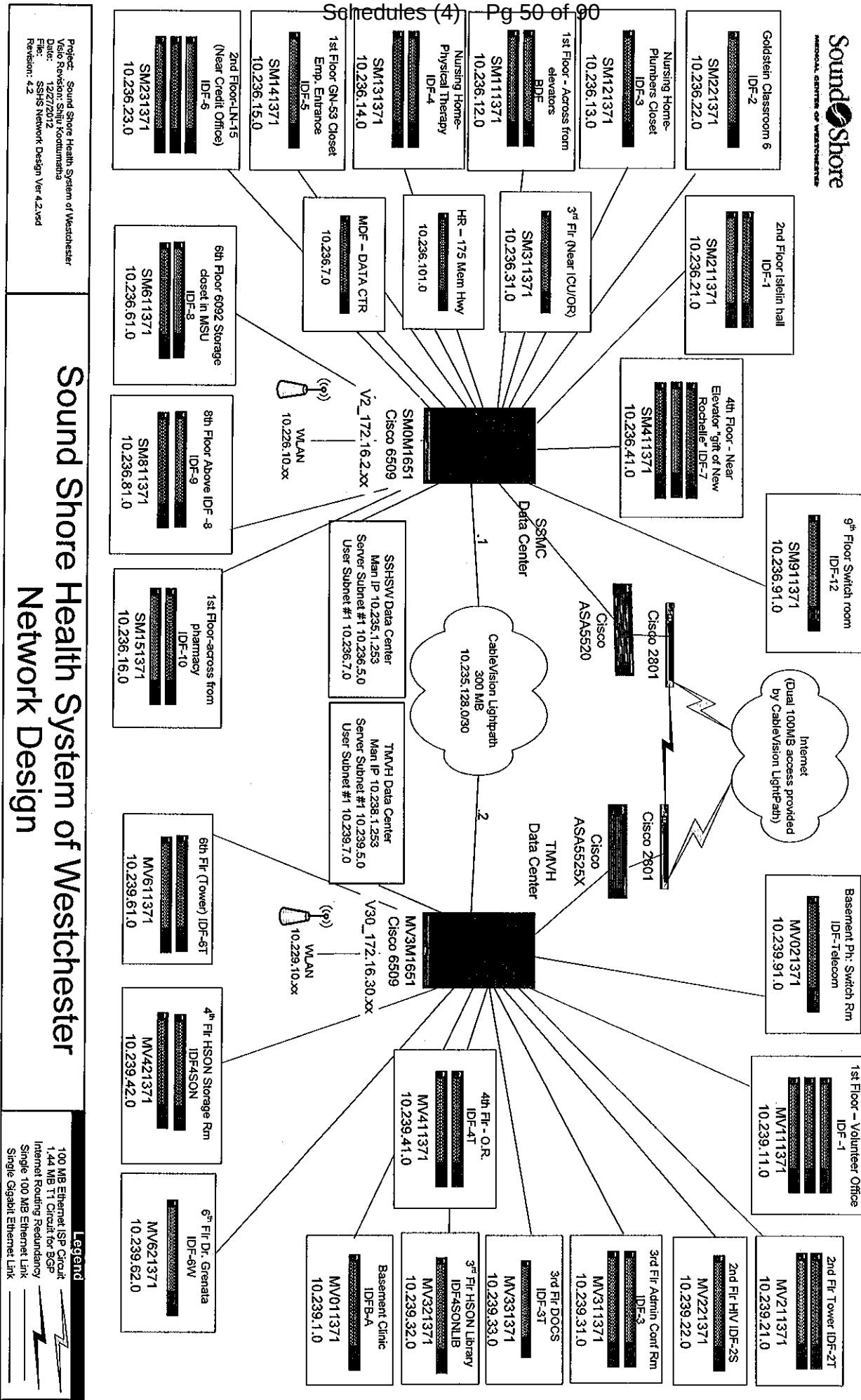
None

**Schedule 4.15(j)
Rights in Property by Board, etc**

Services Corporation has entered into a lease agreement dated 8/31/1996, as modified, with 233rd Street Realty Corp. 233rd Street Realty Corp is owned by Richard Naclerio.

Schedule 4.17
Information Systems

See attached



No.	Server <u>Hostname</u>	Physical/ <u>Virtual</u>	Function	Application	Software <u>Owned/Leased</u>
Sound Shore Servers					
1	SMMISS1	P	Domain Controller	Microsoft Active Directory	0
2	SMMISS2	P	Domain Controller	Microsoft Active Directory	0
3	SMMISS3	P	DHCP Server	Microsoft DHCP	0
4	SMMISS4	P	Exchange Server	Microsoft Exchange 2003	0
5	SMMISS5	P	Exchange Server	Microsoft Exchange 2003	0
6	SMMISSA	P	Exchange Cluster (SMMISS4 & 5)	Microsoft Exchange 2003	0
7	SMMISS6	P	Backup Server	Symantec Backup Exec 11d	0
8	SMMISS7	P	Anti-Virus	Kaspersky Security Center 9	Active License
9	SMMISS8	P	TacAcs (Cisco Authentication Manager)	TacAcs	0
10	SMMISS9	P	TeamViewer Database	TeamViewer Manager	0
11	SMMISS11	P	Mediware (Lab software)	Mediware	?
12	SMMISS12	P	Finance File Server	Microsoft File Server	0
SMMISS13		P	Foundation's Raiser's Edge	Raiser's Edge	?
SMMISS14		P	MUSE EKG Application	MUSE	0
SMMISS16		P	Hyper-V host server	Microsoft Hyper-V	0
SMMISS16A		V	Virtual Server - Blackbaud Web	Blackbaud	?
SMMISS16B		V	Virtual Server - ECP's Reliable Charts	Reliable Charts	?
SMMISS20		P	Hyper-V host server; Backup server	Microsoft Hyper-V and Symantec Backup Exec 2010	0
SMMISS20A		V	Virtual Server - Print server, file distribution server	Microsoft Server	0
SMMISS20B		V	Virtual Server - Spiceworks Test	Spiceworks	opensource
SMMISS21		P	SQL Database Server	Microsoft SQL 2008	0
SMMISS22		P	Great Plains Server (currently not being used)	Great Plains	?

SSVHOSTPRD1	P	Hyper-V Cluster (SMMISS23 & 25)	Microsoft Failover Cluster Manager	0
SMMISS23	V	Hyper-V host server	Microsoft Hyper-V	
SMMISS23A	V	Virtual Server - Allscripts Downtime		
SMMISS23B	V	Server		
SMMISS23B	V	SoundApp Server		
SMMISS23C	V	Copy Machine Data Collection		
SMMISS23D	V	Software, HavBed		
SMMISS23E	V	Password Reset Tool		
SMMISS23F	V	Nimsoft	ManageEngine ADSelfService Plus	Active License
SMMISS23G	V	QS/1	CA Nimsoft	Active License
SMMISS24	P	WSUS	Microsoft WSUS	
	P	Spare attached to SAN		0
	P	Hyper-V Server - Production		0
SMMISS25	P	(clustered with SMMISS23)		0
SMMINTS1	P	Websense (SSMC)		Active License
SMMISSBEZ	P	BES Server		Active License
smEdimApp01	P	SSMC EDIM Application Server		?
smEdimDB02	P	SSMC EDIM Database Server		?
sm3msrv1	P	3m Server		?
smUDSSrv1	P	UDS Server		?
ALLSCRIPTSF	P	AX1	AllScripts Fax Server (Lab)	?
ALLSCRIPTSF	P	AX2	AllScripts Fax Server (not in use)	?
ALLSCRIPTSF	P	AX3	AllScripts Fax Server (Radiology)	?
SOUNDNET	P	SOUNDNET	Intranet Server	0

Mt. Vernon Servers	P	Domain Controller	Microsoft Active Directory	O
MVMISS1	P	DHCP Server	Microsoft DHCP	O
MVMISS3	P	Backup Server		O
MVMISS6	P			
MVMISS7	P	Core Server Hosting Virtual Machines: 7A, HIVSERV		O
MVMISS7A	V	Methadone Clinic Avatar (Medication Dispense Server)		?
MVMISS7B	V	2N Avatar		?
MVINTS1	P	Websense (MVH)		A
mvEdimApp01	P	TMVH EDIM Application Server		?
mvEdimDB01	P	TMVH EDIM Database Server		?
HIVSERV	P	AIRS server; virtual machine running on MVMISS7		?

Location	Model/Part Number	Part Number	Product	Serial Number
SSMC Data CTR - Rack 1	Cisco ASA 5505		Appliance	JMX153640G3
SSMC Data CTR - Rack 1	Cisco ASA 5510			JMX1109L15N
SSMC Data CTR - Rack 1	Cisco ASA 5520		Appliance	JMX1448L15U
SSMC Data CTR - Rack 1	Catalyst 2950			FOC1044Z00M
SSMC Data CTR - Rack 1	Catalyst 2950			FOC1019Z7KG
SSMC Data CTR - Rack 1	Catalyst 2801			FTX1025W20J
SSMC Data CTR - Rack 1	Catalyst 6509		Chassis	SAL10019KXG
SSMC Data CTR - Rack 1	WS-X6148-9SLOT-FAN2		Fan Module TRAY	CNU00AR7GAC
SSMC Data CTR - Rack 1	WS-X6148-GE-TX		Module - RJ45	CNU1A19AAA
SSMC Data CTR - Rack 1	WS-X6148-GE-TX		Module - RJ45	CNU1A19AAA
SSMC Data CTR - Rack 1	WS-X6148-GE-TX		Module - RJ45	CNU1A19AAA
SSMC Data CTR - Rack 1	WS-SUP720-3B		Module - Fabric	CNUCAF1AAA
SSMC Data CTR - Rack 1	WS-X6724-SFP		Module - Fiber	CNU1AK2AAB
SSMC Data CTR - Rack 1	WS-X6548-GE-TX		Module - RJ45	CNU1AMF2AAB
SSMC Data CTR - Rack 1			PSU Chassis	CNM3AZ0BRC
SSMC Data CTR - Rack 1			PSU #1	CNP3AB2BAA
SSMC Data CTR - Rack 1			PSU #2	CNP3AR2BAA
SSMC Data CTR - Rack 2	Proliant DL380 G4			2UX64700W7
SSMC Data CTR - Rack 2	HP TFT 7600 KVM		Server	2C463700S8
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX64801V8
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX64700VR
SSMC Data CTR - Rack 2	Proliant DL 360G4P		Server	USM64601Z1
SSMC Data CTR - Rack 2	Proliant DL 360G4P		Server	USM64601X1
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX613006X
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX64700U0
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX644004Z
SSMC Data CTR - Rack 2	Proliant DL380 G4		Server	2UX644004Y
SSMC Data CTR - Rack 2	Proliant DL 360G4P		Server	USM64601YP
SSMC Data CTR - Rack 3	KVM - Avocent			A320008310
SSMC Data CTR - Rack 3	Proliant DL320 G5P		Server	MX2903011S
SSMC Data CTR - Rack 3	Proliant DL320 G5P		Server	MX29030114
SSMC Data CTR - Rack 3	Proliant DL320 G5		Server	MX2801023H
SSMC Data CTR - Rack 3	Proliant DL380 G4		Server	2UX62902GM
SSMC Data CTR - Rack 3	Proliant DL140 G3		Server	MX270100K3
SSMC Data CTR - Rack 3	Proliant DL360 G5		Server	USM709065E
SSMC Data CTR - Rack 4	Proliant DL360 G6		Server	MXQ0030BWK
SSMC Data CTR - Rack 4	Proliant DL360 G6		Server	MXQ0160C8F
SSMC Data CTR - Rack 4	Aruba 6000 US		WLAN CTLR	A00010660
SSMC Data CTR - Rack 4	TrippLite SMART5000XFMRXL		UPS	2201AACSMS053P0002
SSMC Data CTR - Rack 5	HP Storage Ultrium 3000SAS			
SSMC Data CTR - Rack 5	Proliant DL360 G7		Server	MXQ025060B
SSMC Data CTR - Rack 6	Proliant DL380 G5		Server	2UX72201CS
SSMC Data CTR - Rack 7	DELL Poweredge R710		Server	30K41Q1
SSMC Data CTR - Rack 7	DELL Poweredge R710		Server	30LOYQ1
SSMC Data CTR - Rack 7	DELL Poweredge R710		Server	30KZXQ1
SSMC Data CTR - Rack 7	Cisco IRONPORT - 1		Appliance	2XHTPQ1
SSMC Data CTR - Rack 7	Cisco IRONPORT - 2		Appliance	7RJPPQ1
SSMC Data CTR - Rack 7	Dell Poweredge R710		Server	30K0YQ1
SSMC Data CTR - Rack 7	Dell Poweredge R710		Server	30K2YQ1
SSMC Data CTR - Rack 7	KVM - Dell		Chassis	2110AATCB831300028
SSMC Data CTR - Rack 7	Proliant DL360 G7		Server	MXQ025062H
SSMC Data CTR - Rack 7	Proliant DL360 G7		Server	MXQ0510D65
SSMC Data CTR - Rack 7	TrippLite SMART5000XFMRXL		UPS	
SSMC Data CTR - Rack 8	Dell PowerConnect 7024		Switch	
SSMC Data CTR - Rack 8	Dell PowerConnect 7025		Switch	
SSMC Data CTR - Rack 8	Citrix Netscaler MPX - Pri		Appliance	NEKNU251M5

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Dec 17 7

Filed 05/29/13

Entered 05/29/13 19:14:38

Disclosure

Citrix Netscaler MPX SEC

Schedules (4)

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SSMC Data CTR - Rack 8	Dell Poweredge R810	Appliance Server	N3573251ED 1KTM4V1
SSMC Data CTR - Rack 8	DELL EQUALLOGIC PS6100	Appliance	33CN4V1
SSMC Data CTR - Rack 8	TrippLite SMART5000XFMRXL	UPS	
SSMC Data CTR - MDF	Cisco Catalyst 3750	Switch	FHK0919X020
SSMC Data CTR - MDF	Cisco 2800		FTX1134Y0CY
SSMC Data CTR - MDF	Juniper EX3200 24PoE	Switch	BJ0210130662
SSMC Data CTR	Cisco Catalyst 3750	Switch	CAT1050ZG8C
SSMC Data CTR	TrippLite SMART5000XFMRXL	UPS	2232PLCSM628700068
Communication Closets			
SSMC - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJJ1
SSMC - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1040ZGFJ
SSMC - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1034ZL1T
SSMC - IDF1	Juniper EX3200 24PoE	24 Port PoE	BJ0210130705
SSMC - IDF2	Cisco Catalyst 3750	WS-C3750-48TS	CAT1040ZGF8
SSMC - IDF2	Cisco Catalyst 3750	WS-C3750-48P	FDO1137Y065
SSMC - IDF2	Juniper EX3200 24PoE	24 Port PoE	BJ0210130759
SSMC - IDF3	Cisco Catalyst 3750	WS-C3750-48TS	CAT1040ZGEA
SSMC - IDF3	Juniper EX3200 24PoE	24 Port PoE	BJ0210114709
SSMC - IDF4	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJJY
SSMC - IDF4	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJIL
SSMC - IDF5	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJGM
SSMC - IDF5	Cisco Catalyst 3750	WS-C3750-48P	FDO1214X099
SSMC - IDF5	Juniper EX3200 24PoE	24 Port PoE	BJ0210114422
SSMC - IDF5	Juniper SSG 320M	Gateway	JN11D555DADD
SSMC - IDF6	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJH8
SSMC - IDF6	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKK
SSMC - IDF6	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJG8
SSMC - IDF6	Cisco Catalyst 3750	WS-C3750-48TS	CAT1024Z41N
SSMC - IDF6	Juniper EX3200 24PoE	24 Port PoE	BJ0210246186
SSMC - BDF	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJJ6
SSMC - BDF	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJL3
SSMC - BDF	Juniper EX3200 24PoE	24 Port PoE	BJ0210097748

SSMC - IDF10	Cisco Catalyst 3750	WS-C3750-48TS	FD01138Z60T
SSMC - IDF10	Cisco Catalyst 3750	WS-C3750-48TS	CAT1002Z12M
SSMC - IDF10	Juniper EX3200 24PoE	24 Port PoE	BJ0210130801
SSMC - IDF11	Cisco Catalyst 3750	WS-C3750G-48TS	FOC1516W32K
SSMC - IDF11	Juniper EX3200 24PoE	24 Port PoE	BJ0211167681
SSMC - IDF7	Cisco Catalyst 3750	WS-C3750-48P	CAT1049NGT2
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SSMC - IDF7	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJHY
SSMC - IDF7	Juniper EX3200 24PoE	24 Port PoE	BL0210321637
SSMC - IDF8	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJJZ
SSMC - IDF8	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJHW
SSMC - IDF8	Cisco Catalyst 3750	WS-C3750-48TS	CAT0906X1UD
SSMC - IDF8	Juniper EX3200 24PoE	24 Port PoE	BJ0210246161
SSMC - IDF9	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJHE
SSMC - IDF9	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJGW
SSMC - IDF9	Juniper EX3200 24PoE	24 Port PoE	BJ0211167746
SSMC - HR	Juniper EX3200 24PoE	24 Port PoE	BJ0210116220
SSMC - IDF12 - Tel	Cisco Catalyst 3750	WS-C3750-48TS	CAT1117RGE9

MVH - IDF - Base	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJK2
MVH - IDF - Base	Juniper EX3200 24PoE	24 Port PoE	BJ0210116215
MVH - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKB
MVH - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKV
MVH - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJL0
MVH - IDF1	Cisco Catalyst 3750	WS-C3750-48TS	CAT1122NHEA
MVH - IDF1	Cisco Catalyst 3750	WS-C3750-48P	FDO1136ZAC4
MVH - IDF1	Juniper EX3200 24PoE	24 Port PoE	BJ0210130780
MVH - IDF2T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJK0
MVH - IDF2T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKL
MVH - IDF2T	Juniper EX3200 24PoE	24 Port PoE	BJ0210114579
MVH - IDF2S	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJB
MVH - IDF2S	Juniper EX3200 24PoE	24 Port PoE	BJ0210116214
MVH - IDF3	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJHP
MVH - IDF3	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKW
MVH - IDF3	Juniper EX3200 24PoE	24 Port PoE	BJ0210114686
MVH - IDF3T	Cisco Catalyst 3750	WS-C3750-48P	FDO1227Z016
MVH - IDF3T	Juniper EX3200 24PoE	24 Port PoE	BJ0210034940
MVH - IDF4T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJC
MVH - IDF4T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJKZ
MVH - IDF4T	Juniper EX3200 24PoE	24 Port PoE	BJ0210116133
MVH - IDF6T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJN
MVH - IDF6T	Cisco Catalyst 3750	WS-C3750-48TS	CAT1038ZJL4
MVH - IDF6T	Juniper EX3200 24PoE	24 Port PoE	BJ0210116211
MVH - IDF6W	Cisco Catalyst 3750	WS-C3750-48P	FDO1137Y060
MVH - IDF6W	Juniper EX3200 24PoE	24 Port PoE	BJ0210246183
MVH - IDF4SON	Cisco Catalyst 3750	WS-C3750-48TS	CAT10355NWG
MVH - IDF4SONLIB	Cisco Catalyst 3750	WS-C3750-48TS	CAT1042ZGAK
MVH - IDF4SONLIB	Juniper EX3200 24PoE	24 Port PoE	BJ0209369795
MVH - Telecom	Cisco Catalyst 3750	WS-C3750-48TS	CAT1117ZK0Y

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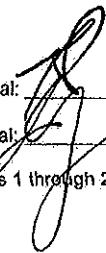
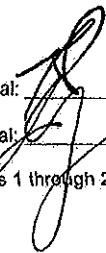
Attachment A

Date: 6/22/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-3

Equipment Located At: Sound Shore Medical Center of Westch
 16 Guion Place
 New Rochelle, NY 10801

<u>Qty</u>	<u>Model</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Serial Number</u>
1	Install	Aruba	Configuration, Installation, Optimization and training hours	
2	M3mk1-S	Aruba	Aruba Multi-Service Mobility Module Mark I, 10x1000 Base-X (SFP), 2x 10GBase-X (XFP), (OAP)	
2	LIC-384-AP	Aruba	Access Point License (384 Access Point License)	
2	LIC-PEFNG-384	Aruba	Policy Enforcement Firewall Module License (384-AP License)	
2	SN1-M3MK1-S	Aruba	Next-Day Support for M3Mk1-S (1yr)	
2	SN1-LIC-384-AP	Aruba	Support for LIC-384-AP (1yr)	
2	SN1-LIC-PEFNG-38	Aruba	Support for LIC-PEFNG 384 (1yr)	
2	6000	Aruba	Aruba 6000 Base (400) US	
2	LIC-16-AP	Aruba	Access Point License (16 Access Point License)	
2	LIC-PEFNG-16	Aruba	Policy Enforcement Firewall Module License (16-AP License)	
6	AP-124	Aruba	Aruba 124 Wireless Access Point	
2	SN1-6000-400-US	Aruba	Next-Day Support for 6000-400-US (1yr)	
399	AP-105	Aruba	Aruba 105 Wireless Access Point (Dual Radio)	
2	LIC-8-AP	Aruba	Access Point License (8 Access Point License)	
2	LIC-PEFNG-8	Aruba	Policy Enforcement Firewall Module License (8-AP License)	
6	AP-ANT-93	Aruba	5.125-5.1Ghz (14.OdBi), 3 Element MIMO High-Gain 20 Degree Directional Panel Antenna, N-Type Female	
5	OTENC	Aruba	Outdoor Enclosure	
2	SN1-LIC-16-AP	Aruba	Support for LIC-16-AP (1yr)	
2	SN1-LIC-PEFNG-16	Aruba	Support for LIC-PEFNG-16 (1yr)	
6	PD7001-AC	Aruba	High Powered PoE	
2	SN1-LIC-8-AP	Aruba	Support for LIC-8-AP (1yr)	

Lessee Initial: Lessor Initial: 

Acknowledges Pages 1 through 2

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2	SN1-LIC-PEFNG-8	Aruba	Support for LIC-PEFNG-8 (1yr)
5	RAP-2WG-US	Aruba	Aruba RAP-2WG remote access point (wireless, 2x10/100Base-T) US
5	OTENC-MNT	Aruba	Outdoor Enclosure Mount
14	AP-CAB-6	Aruba	6Ft LMR 400 Cable N-Type Connectors
5	MASTMNT	Aruba	Mast Mount
5	MAST	Aruba	6ft Mast
399	AP-105-MNT-C	Aruba	Aruba AP-105 Ceiling Rail adapter Kit
5	SNI-RAP-2WG-US	Aruba	Next-Day Support for RAP-2WG-US (1yr)
4	SFP-TX	Aruba	Aruba SFP 1000Base-T, RJ45
4	PC-AC-NA	Aruba	AC Power Cord (North America Version)
25	EX3200	Juniper	Juniper EX 3200 24P -Switch -24 Port 1000B BJ0209369795 BJ0210034940 BJ0210034987 BJ0210036186 BJ0210097748 BJ0210114422 BJ0210114579 BJ0210114686 BJ0210114709 BJ0210116133 BJ0210116211 BJ0210116214 BJ0210116215 BJ0210116220 BJ0210130662 BJ0210130701 BJ0210130705 BJ0210130707 BJ0210130759 BJ0210130780 BJ0210130801 BJ0210130802 BJ0210246161 BJ0210246183 BJ0210246186

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20 T5740E HP HP T5740E N280 Intel Atom N280 1.66 GHz, 4
GB Flash ROM, 2 GB DDR3 SDRAM, Intel GL40
graphics, Atheros 802.11 a/b/g/n Wi-Fi adapter,
Genuine Windows Embedded Standard 7

CNW1190NTG
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35	CB518A	HP	HP Laser Jet P4014 500SHT Input Tray / Feeder
			CNBXD09655 · CNBXD09669 · CNBXD12543 · CNBXD12544 · CNBXD12548 · CNBXD12550 · CNBXD12554 · CNBXD12556 · CNBXD12602 · CNBXD12617 · CNBXD12618 · CNBXD12620 · CNBXD12621 · CNBXD12622 · CNBXD12623 · CNBXD12624 · CNBXD12625 · CNBXD12626 · CNBXD12629 · CNBXD12630 · CNBXD15532 · CNBXD15534 · CNBXD15740 · CNBXD15827 · CNBXD15828 · CNBXD15833 · CNBXD15906 · CNBXD15915 · CNBXD15916 · CNBXD15918 · CNBXD15921 · CNBXD15922 · CNBXD15923 · CNBXD15925 · CNBXD15930 ·
400	LA1905WG	HP	19inch Wide DVI HP HA Monitor; 1000:1 static, 3000:1 dynamic
			CNC1160G1S CNC1160G1T CNC1160G1V CNC1160G1W CNC1160G1Y CNC1160G1Z CNC1160G17 CNC1160G2B CNC1160G2C CNC1160G2D CNC1160G2F CNC1160G2G CNC1160G2H CNC1160G2J CNC1160G2K CNC1160G2L CNC1160G2M

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CNC1180R42
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CNC1180R7W
CNC1180R8G
CNC11605VL
CNC11605VM
CNC11605VN
CNC11605VP
CNC11605VQ
CNC11605VR
CNC11605VT
CNC11605V0
CNC11605V1
CNC11605V2
CNC11605V3
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CNC11605V6
CNC11605V7
CNC11605V8
CNC11605V9
CNC11605X6
CNC11606B0
CNC11606B1
CNC11606B2
CNC11606B3
CNC11606FB
CNC11606FF
CNC11606FK
CNC11606FL
CNC11606HY
CNC11606TQ
CNC11606TS
CNC11606TT
CNC11606TV
CNC11606TW

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Lessee: Sound Shore Medical Center of
Schedule: IT-4

CNC11606TX
CNC11606TY
CNC11606TZ
CNC11606VB
CNC11606VC
CNC11606VD
CNC11606VF
CNC11606VG
CNC11606VH
CNC11606VJ
CNC11606VK
CNC11606VL
CNC11606VM
CNC11606VN
CNC11606VP
CNC11606VR
CNC11606VS
CNC11606VT
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CNC11606WB
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CNC11606WF
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CNC11606WH
CNC11606WJ
CNC11606WK
CNC11606WL
CNC11606WM
CNC11606WN
CNC11606WP
CNC11606WQ
CNC11606WR
CNC11606WS
CNC11606WT
CNC11606W0
CNC11606W1
CNC11606W2
CNC11606W4

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Lessee: Sound Shore Medical Center of
Schedule: IT-4

CNC11606W5
CNC11606W6
CNC11606W7
CNC11606W8
CNC11606W9
CNC1160632
CNC116064B
CNC116064C
CNC116064D
CNC116064F
CNC116064G
CNC116064H
CNC116064J
CNC116064K
CNC116064L
CNC116064M
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CNC116065S
CNC116065T
CNC116065V
CNC116065W
CNC116065X
CNC116065Y
CNC116065Z
CNC1160650

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Lessee: Sound Shore Medical Center of
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CNC1160651
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CNC1160659
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CNC116068Z
CNC1160680
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CNC1160684
CNC1160685
CNC1160686
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CNC1160688
CNC1160689
CNC116069B

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Date: 9/12/2011

Lessee: Sound Shore Medical Center of
Schedule: IT-4

CNC116069D
CNC116069F
CNC116069G
CNC116069H
CNC116069J
CNC116069K
CNC116069L
CNC116069M
CNC116069N
CNC116069P
CNC116069Q
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CNC1180RGW

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Date: 9/12/2011

Lessee: Sound Shore Medical Center of
Schedule: IT-4

CNC1180RGX
 CNC1180RGY
 CNC1180RGZ
 CNC1180RG0
 CNC1180RG2
 CNC1180RG3
 CNC1180RG4
 CNC1180RG5
 CNC1180RG6
 CNC1180RG7
 CNC1180RG8
 CNC1180RG9

400	VN567AA	HP	HP Display Port Cable Kit	
3	EX3200	Juniper	Juniper EX3200 24PT 1000B POE 600W	BJ021167681 BJ021167702 BJ021167746
400	K64617	Kensington	Kingslinton Desktop / Periph Lock Kit	
1	228-09492	Microsoft	VLA Microsoft SQL Server 2008 R2-Standard-License Contract Code: PT65196-MICROSOFT	
4	P71-06392	Microsoft	VLA WINDOWS SERVER DATACENTER PER PROCESSOR 2008 R2 CONTRACT CODE: PT65196 MICROSOFT	
3	P73-05005	Microsoft	VLA Windows Server STD 2008 R2	
25	FS108NA	Netgear	Netgear 8PT 10/100 Switch FS108	
400	STM042	Seal Shield	Seal Shield Silver Storm OP Mouse PS2	
400	STK503	Seal Shield	Seal Shield Silver Storm KB USB Black	
2	10-504001	Solgenia USA	Sound Shore Medical Facsys 5 E NT Cleint Server Llic for Veln Server 10 User Llic	
2	30-500050	Solgenia USA	Facsys 5 Enterprise Fast Annual	
2	20-500010	Solgenia USA	Sound Shore Medical Facsys 5En T-10USER Client Licc Contract Code: PT65196-MICROSOFT	
40	TSP847II-E3-24	Star Micronics	Star Micronics TSP847II-E3-24 GRY RX US, Thermal, Printer, 2 Color, Cutter/Tear Bar, LAN, Gray, Paper Lock, Includes PS PS60A-24B External Power Supply and New LAN IFBD-HE07 Included	2370911030600001 2370911030600002 2370911030600003 2370911030600005 2370911030600006 2370911030600007 2370911030600013 2370911030600014 2370911030600017 2370911030600018 2370911030600019 2370911030600021

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Lessee: Sound Shore Medical Center of
Schedule: IT-4

2370911030600023
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2370911030600080
2370911030600089
2370911030600096
2370911030600108
2370911030600112

3	SMART5000XFMRX	Tripp Lite	TRIPP 5000VA UPS Smart 5KVA 120/208V
3	SR42UB	Tripp Lite	Tripp 42U Rack Enclosure DRS&Slides
3	SNMPWEBCARD	Tripp Lite	Tripp SW SNMP/WEB MGMT ACCESSO
6	PDUMH20	Tripp Lite	Tripp PDU Metered 20A 5-15/20R 12Out
1		vendor freight	Freight

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Date: 11/15/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

Equipment Located At: Sound Shore Medical Center of Westchester
 16 Guion Place
 New Rochelle, NY 10801

<u>Qty</u>	<u>Model</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Serial Number</u>
8	WS-C3750-48TS-S	Cisco	Catalyst 3750 48 Port 10/100 Inline Power Switch with 4SFP Standard Image Software	FDO1136ZAC4 CAT1049NGT2 FDO1227Z016 FDO1137Y065 CAT1049NGSK FDO1214X099 CAT1050ZG8C FDO1137Y060
8	CAB-STACK-3M	Cisco	Cisco Stackwise 3M Stacking Cable Spare per attached Quote #10635210	
8	GLC-SX-MM-CX	Cisco	New Compatible GIG SX MMF SFP with LC Connectors and Lifetime Warranty	CXSXA13318 CXSXA13315 CXSXA13332 CXSXA13331 CXSXA13320 CXSXA13319 CXSXA13333 CXSXA13367
8	RAPIDCARE-E	Cisco	Rapidcare coverage includes next business day advanced Network Hardware replacement	
46	L-S10-01-0	Enovate	Enovate LITE Medical Cart - Ultra w/Laptop Secure Bar Keyboard Sys Lvl1	
1	EX3200-48P	Juniper	Juniper EX3200 48PT 1000B POE 930W	BL0210460968
1	SSG-320M-SH	Juniper	Juniper Networks Secure Services Gateway SSG 320M - security appliance 0 / 3 - Ethernet, Fast Ethernet, Gigabit Ethernet, HDLC, Frame Relay, PPP, MLPPP, FRF.15, FRF.16 - 2U	SJN11D555DADD
1	NS-WF-SSG320-3	Juniper	Juniper SSG320M WEB Filter 3 year subscription	
1	SVC-ND-SSG320SR	Juniper	Juniper J-Care 3 year next day SSG320	
64	ThinkPad T520	Lenovo	Lenovo ThinkPad T520 - Core i5 2520M 2.5 GHz - vPro - RAM 4 GB - HDD 320 GB - DVD-Writer - HD Graphics 3000 - 3G Upgradable - Gigabit Ethernet - WLAN : 802.11 a/b/g/n, Bluetooth 3.0 - TPM - Windows 7 Pro 64-bit - 15.6" Widescreen LED backlight TFT 1366 x 768 (WXGA), 250GB 7.2K SATA Hard Drive with Computrace Complete 3 years	1S423946UR9EYVAB 1S423946UR9EYVBC 1S423946UR9EYVB3 1S423946UR9EYVNC 1S423946UR9EYVG 1S423946UR9EYVXZ 1S423946UR9EYVX3 1S423946UR9EYVY0 1S423946UR9EYVZ 1S423946UR9EYVON Certified True Correct Copy

Acknowledges Pages 1-6: Lessee Initial: Lessor Initial: 

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Chief Executive Officer

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Date: 11/15/2011

Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

1S423946UR9EYW05
1S423946UR9EYW34
1S423946UR9EYW4L
1S423946UR9EYW5F
1S423946UR9EYW5M
1S423946UR9EYW5N
1S423946UR9EYW5W
1S423946UR9EYW51
1S423946UR9EYW6F
1S423946UR9EYW63
1S423946UR9EYRKT
1S423946UR9EYTB9
1S423946UR9EYTD3
1S423946UR9EYTFW
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1S423946UR9EYT8N
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1S423946UR9EYVYK
1S423946UR9EYVZ1
1S423946UR9EYV5Y
1S423946UR9EYW0X
1S423946UR9EYW1D
1S423946UR9EYW1K
1S423946UR9EYW1L
1S423946UR9EYW14
1S423946UR9EYW17
1S423946UR9EYW2A
1S423946UR9EYW2H
1S423946UR9EYW21
1S423946UR9EYW3B
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1S423946UR9EYW84
1S423946UR9EYW87

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John W. Ford
Chief Executive Officer
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Date: 11/15/2011

Lessee:	Sound Shore Medical Center of Westchester		
Schedule:	IT-5		
			1S423946UR9EYRX2
3	ThinkCentre A70z	Lenovo	Lenovo ThinkCentre A70z - 1 x Core 2 Duo E7500 / 2.83 GHz - RAM 4 GB - HDD 1 x 500 GB - DVD-Writer - GMA X4500 - Gigabit Ethernet - WLAN : 802.11b/g/n - Windows 7 Pro 64-bit - Monitor : 19" Widescreen TFT per attached Quote #CHNR494
35	DS4208-SCZU0100Z	Motorola	Motorola DS4208-Healthcare - USB Kit White barcode scanner
			SM1N74K13M SM1N74K13P SM1N74K13R SM1N74K45V SM1N74K45W SM1N74K45Y SM1N74P33M SM1N74W06A SM1N74W06B SM1N74W06C SM1N74W06D SM1N74W06E SM1N74W06F SM1N74W06G SM1N74W06H SM1N74W06K SM1N74W06M SM1N74W06N SM1N74W06R SM1N74W29G SM1N74W31D SM1N74E51H SM1N74E53T SM1N74E53W SM1N74E54B SM1N74E54D SM1N74E54E SM1N74E54F SM1N74E54N SM1N74E54P SM1N74E54R SM1N74E54T SM1N74E54V SM1N74E55G SM1N74E55H
55	KV-S1025C-S	Panasonic	Panasonic KV-S1025C-S Hi-Speed USB, Document Scanner, 26 PPM max scan speed B/W, 26 PPM max scan speed color, 600 dpi max H-optical resolution, 600 dpi max V-optical resolution
			2413RH1758 2413RH1768 2413RH1769 2413RH1775 2413RH1780 2413RH1783 2413RH1785 2413RH1795 2413RH1796

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Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

2413RH1799
2417RH3614
2417RH3620
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2417RH3750
2417RH3756

5	MobileOffice D28	PlusTek	Plustek MobileOffice D28 Corporate Hi-Speed USB Sheetfed scanner, 600 dpi max H-optical resolution, 600 dpi max V-optical resolution, 48-bit color
4	ZM400	Zebra	Zebra ZM400 - Label printer - B/W - direct thermal / thermal transfer - Roll (4.5 in) - 300 dpi - up to 479.5 inch/min - Parallel, Serial, USB

08J111500262
08J111500267
08J111500277

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Lessee:	Sound Shore Medical Center of Westchester		
Schedule:	IT-5		
			08J111500278
1	GX430t	Zebra	Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX
3	GX430t	Zebra	Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX
75	GX430t	Zebra	Zebra GX430t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 300 dpi - up to 240.9 inch/min - Serial, USB, 10/100Base-TX
			32J112400381
			32J111800002
			32J111800003
			32J111800004
			32J111800006
			32J111800007
			32J111800008
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			32J112200099
			32J112200122
			32J112200124
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Chair Executive Officer

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Attachment A

Date: 11/16/2011

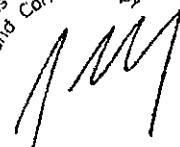
Lessee: Sound Shore Medical Center of Westchester
Schedule: IT-5

32J112200131
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32J112700177
32J112700185
32J112700189
32J112700204
32J112700205
32J112700209
32J112900526
32J112900530
32J112900566

2 GX420t Zebra Zebra GX420t - Label printer - B/W - direct thermal / thermal transfer - Roll (4.25 in) - 203 dpi - up to 359.1 inch/min - Serial, USB, 10/100Base-TX 31J104200347 31J104200353

Equipment Located At: Mount Vernon Hospital
12 North 7th Avenue
Mount Vernon, NY 10550

<u>Qty</u>	<u>Model</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Serial Number</u>
13	L-S10-01-0	Enovate	Enovate LITE Medical Cart - Ultra w/Laptop Secure Bar Keyboard Sys Lvl1	

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Chief Executive Officer

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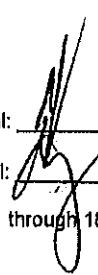
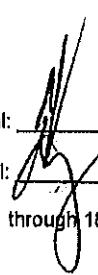
Attachment A

Date: 9/12/2011

Lessee: Sound Shore Medical Center of
Schedule: IT-4

Equipment Located At: Sound Shore Medical Center of Westch
 16 Gulon Place
 New Rochelle, NY 10801

<u>Qty</u>	<u>Model</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Serial Number</u>
2	PE R710	Dell	PE R710 Server with Chassis for UP to 1, 3.5 in Hard Drives, PowerEdge R710 Shipping, 48GB Memory (6x8GB), 1333MHz, Dual Ranked LV RDIMMs for 2 Procs, Optimized, Embedded Broadcom, GV Ethernet NICS with TOE and iSCSI Offload Enabled, Embedded Broadcom, GV Ethernet NICS with TOE, Intel Xeon X5667, 3.06Ghz, 12M Cache, Turbo, HT, 1333MHz Max Mem, Intel Xeon X5667, 3.06Ghz, 12M Cache, Turbo, HT, 1333MHz Max mem, PowerEdge R710 Heat Sinks for 2 Processors, 450GB 15K PRM SA SCSI 6Gbps 3.5in Hotplug Hard Drive, PERC H700 Integrated RAID Controller, 1 GB NV Cache, x6, Power Saving BIOS Setting, No Operating System iDRAC6 Enterprise, DVD ROM, SATA, Internal, Bezel, Riser with 2 PCIe x8 + 2 PCIe x4 Slot, Management Console, Electronic System Documentation and OpenManage DVD Kit, 450GB 15K RPM SA SCSI 6Gbps 3.5in Hotplug Hard Drive, RAID 5 for H700 or PERC 6/i Controllers, Ready Rails Sliding Rails with Cable Management Arm, High Output Power Supply Redundant, 870W, Power Cord, C13 to C14, PDU Style, 12 Amps, 2 meter, Qty 1, Power Cord, C13 to C14, PDU Style, 12 Amps, 2 meter, Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 ft 3 meter, 450GB 15K PRM SA SCSI 6Gbps 3.5in Hotplug Hard Drive, Mission Critical Package, 4-Hour 7x24 On-site service with Emergency Dispatch 3 yrs, ProSupport: 7x24 HW/SW Tech Support and Assistance, <small>Our Hardware Limited Warranty Does Not Cover Software, Consumables, or Services</small>	30K2YQ1 30K0YQ1
3	PE R710	Dell	PE R710 with Chassis for Up to 8, 2.5-in hard Drive, PowerEdge R710 Shipping, 8GB Memory (4x2GB), 1333MHz Single Ranked UDIMMs for 2 Procs, Advanced ECC, Embedded Broadcom, GB Ethernet NICS with TOE and iSCSI Offload Enabled, Embedded Broadcom, GB Ethernet NICS with TOE, Intel Xeon E5630 2.53Ghz, 12M Cache, Turbo, HT, 1066MHz Max Mem, Intel Xeon E5630 2.53Ghz, 12M Cache, Turbo, HT, 1066MHz Max Mem, PowerEdge R710 Heat Sinks for 2 processors, 146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive, PERC H700 Integrated RAID Controller, 1GV NV Cache, x8, Power Saving BIOS Setting, NO Operating	30K4YQ1 30L0YQ1 30KZXQ1

Lessee Initial: Lessor Initial: 

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Date: 9/12/2011

Lessee: Sound Shore Medical Center of
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Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard
Drive, Mission Critical Pakcage: 4-Hour 7x24
On-Site Service with Emergency Dispatch 3yrs,
Hardware Limited Warranty Plus ON Site Service
3 yrs

3	901-013-01	Dell	TR1034+E2-2L PCI HALF 2CHANNEL V.34 EXPRESS HALF-SIZE CARDEA	DS112300235S DS112300266S DS12300273
1	ELC	Dell	Electronic License Confirmation elec dwnld only, Dell Software	
6	LX	Ergotron	Ergotron LX SM CPU Lift Wall Mount System	
35	P4015DN	HP	HP Laser Jet P4015DN Printer, up to 52PPM, 1 Hi-Speed USB 2.0; 1 Gigabit Ethernet; 1 EIO; 1 external and 2 internal Host USB 2.0-like ports; Duplex: Automatic; 100-sheet multipurpose tray, 500-sheet Input tray 2, 500-sheet output bin, 100-sheet rear output bin	CNDYB37658 CNDYB37663 CNDYB37665 CNDYB37667 CNDYB37668 CNDYB37670 CNDYB37673 CNDYC01787 JPDF263254 JPDF264605 JPDF264606 JPDF264608 JPDF264751 JPDF264752 JPDF264756 JPDF264757 JPDF264761 JPDF265128 JPDF265147 JPDF265230 JPDF265232 JPDF265282 JPDF265286 JPDF265288 JPDF265564 JPDF266310 JPDF266315

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JPDF266324
JPDF266326
JPDF266329
JPDF266715
JPDF266718
JPDF266721
JPDF269203
JPDF269377

340 T5740E HP HP T5740E N280 Intel Atom N280 1.66 GHz, 4 GB Flash ROM, 2 GB DDR3 SDRAM, Intel GL40 graphics, Atheros 802.11 a/b/g/n Wi-Fi adapter, Genuine Windows Embedded Standard 7

CNW118103B
CNW118103D
CNW1190NT5
CNW1190NYN
CNW1190PBM
CNW1190PBN
CNW1190PBP
CNW1190PBQ
CNW1190PBR
CNW1190PB0
CNW1190PB5
CNW1190PB6
CNW1190PCW
CNW1190PDD
CNW1190PD1
CNW1190PK3
CNW1190P3B
CNW1190P3K
CNW1190P3Y
CNW1190P4J
CNW1190P4M
CNW1190P4N
CNW1190P4Q
CNW1190P4V
CNW1190P4Z
CNW1190P43
CNW1190P5C
CNW1190P5D
CNW1190P5G
CNW1190P5H
CNW1190P5P
CNW1190P5Q
CNW1190P5X
CNW1190P5Z
CNW1190P50
CNW1190P54
CNW1190P55
CNW1190P56
CNW1190P59
CNW1190P6B
CNW1190P6F
CNW1190P6G
CNW1190P6H
CNW1190P6L

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CNW1190P6M
CNW1190P6N
CNW1190P6T
CNW1190P6Y
CNW1190P63
CNW1190P65
CNW1190P67
CNW1190P7H
CNW1190P7W
CNW1190P71
CNW1190P8S
CNW1190P9R
CNW1190P9Y
CNW120120Q
CNW120120R
CNW120120S
CNW120120T
CNW120120V
CNW120120W
CNW120120X
CNW120120Y
CNW120120Z
CNW120121B
CNW120121C
CNW120121D
CNW120121F
CNW120121G
CNW120121H
CNW120121J
CNW120121K
CNW120121L
CNW120121M
CNW120121N
CNW120121P
CNW120121Q
CNW120121R
CNW120121S
CNW120121T
CNW120121V
CNW120121W
CNW120121X
CNW120121Y
CNW120121Z
CNW1201210
CNW1201211
CNW1201212
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CNW1201214
CNW1201215
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CNW1201219

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CNW120122B
CNW120122C
CNW120122D
CNW120122F
CNW120122G
CNW120122H
CNW120122J
CNW120122K
CNW120122L
CNW120122M
CNW120122N
CNW120122P
CNW120122Q
CNW120122R
CNW120122S
CNW120122T
CNW120122V
CNW120122W
CNW120122X
CNW120122Y
CNW120122Z
CNW1201220
CNW1201221
CNW1201222
CNW1201223
CNW1201224
CNW1201225
CNW1201226
CNW1201227
CNW1201228
CNW1201229
CNW120123B
CNW120123C
CNW120123D
CNW120123F
CNW120123G
CNW120123H
CNW120123J
CNW120123K
CNW120123L
CNW120123M
CNW120123N
CNW120123P
CNW120123Q
CNW120123R
CNW120123S
CNW120123T
CNW120123V
CNW120123W
CNW120123X
CNW120123Y
CNW120123Z
CNW1201230

Schedule 4.19
Insurance Coverage

Sound Shore Medical Center of Westchester

Carrier	Term	Policy Number	Type	Broker
Physicians' Reciprocal Insurers	7/01/12 – 7/01/13	88181	Malpractice Liability	AON
State Insurance Fund	12/03/12 – 12/02/13	13095518	Worker's Compensation	The Risk Management Group
Vigilant Insurance Company	10/1/12 – 10/1/13	35767816	Property	Hagedorn
Travelers Property & Casualty Ins. Co.	07/01/12 – 07/01/13	73575651	Business Automobile	Hagedorn
Starr Indemnity and Liability Company	11/15/12 – 11/14/13	SISIFNL 20021312	Directors & Officers Liability	AON
Crum & Foster/North River Insurance Co.	11/15/12 – 11/15/13	5560086024	Excess Directors & Officers Liability	
Physicians' Reciprocal Insurers	7/01/12 – 7/01/13	88150 & 88152	General Liability	AON
Aspen Insurance Company	07/01/12 – 07/01/13	CXA8MFY12	Commercial Umbrella	Hagedorn
First Mercury Insurance Company	07/01/12 – 07/01/13	EX0000013880-1	2nd Excess Liability	Hagedorn
Zurich American Insurance Company	04/01/13 – 04/01/14	FID0904000305	Crime	Hagedorn
Navigtors Insurance Company	07/01/12 – 07/01/13	NY12EXC712715IV	3rd Excess Liability	Hagedorn
US Specialty Ins. Co.	07/01/11 – 07/01/14	U70885318	Special Crime	Hagedorn

The Mount Vernon Hospital

Carrier	Term	Policy Number	Type	Broker
State Insurance Fund	12/03/12 – 12/02/13	13095518	Worker's Compensation	The Risk Management Group
Great Northern Insurance Company	01/01/13 – 01/01/14	35770333	Property	Hagedorn
Federal Insurance Company	01/01/13 – 01/01/14	73519442	Business Automobile	Hagedorn
Liberty	07/01/12 –	202122-015	Kidnap/Ransom	Hagedorn

	07/01/13		Policy	
Chubb	10/18/12 – 10/18/13	8158-8092	Fiduciary	Hagedorn
Scottsdale Insurance Company	01/01/13 – 01/01/14	BCS0018792	General Liability	Hagedorn
Zurich American Insurance Company	04/01/13 – 04/01/14	FID0904000305	Crime	Hagedorn
Starr Indemnity and Liability Company	11/15/12 – 11/15/13	SISIFNL20037312	Directors & Officers Liability	AON
US Specialty Ins. Co.	07/01/11 – 07/01/14	U70885318	Special Crime	Hagedorn
Scottsdale Insurance Company	01/01/13 – 01/01/14	XLS0079092	Commercial Umbrella	Hagedorn

Schedule 5.1
Organization of Buyer

<u>Entity</u>	<u>Organization Type</u>	<u>Jurisdiction</u>
Montefiore SS Operations, Inc.	not-for-profit corporation	New York
Montefiore MV Operations, Inc.	not-for-profit corporation	New York
Montefiore HA Operations, Inc.	not-for-profit corporation	New York
Montefiore SS Holdings, LLC	limited liability company	New York
Montefiore MV Holdings, LLC	limited liability company	New York
Montefiore HA Holdings, LLC	limited liability company	New York

Schedule 5.4
Brokers' Fees of Buyer

None

**Schedule 5.5
Litigation of Buyer**

None

**Schedule 5.9
HealthCare Regulatory**

None

**Schedule 5.11
Buyer Consents and Approvals**
